

Registration Form

Name:	Age:
Birth date:	
Address:	
Cell phone:	
Email:	* *
Emergency contact person:	
Relationship:	
Level:	
beginner : never play before	
Level 1: known basic table tennis skills	
Level 2: used to take a period of	
professional table tennis training	
Level 3: Pa	articipated in table tennis competition
USATT Rating:_	(if you have) SACADEMY
Course: Private lesson/Group lesson	
Winter Camp:	_12/23 Monday ,12/26 Thursday ,12/27 Friday
_	_12/30 Monday ,01/02 Thursday ,01/03 Friday



Waiver, Release and Assumption of Risk:

Micro Motion Table Tennis Academy (MMTTA) provides and engages in an activity of playing table tennis. My (My child's) participation in this activity is voluntary. I am (My child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (My child is) participating in this activity. Knowing these risks, I want (my child) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the MMTTA, its employees, volunteers, instructors and coaches of this activity, from any and all claims for damages for personal injuries or death, or claims for damages to property, which I (my child) may have or which may accrue to my (child's) participation in this activity. I have read and understand that important legal rights are being waived.

I consent to the MMTTA's use of any photos that are taken of me (my child) while participating in the activity for use in the MMTTA's promotions, publications, and website. No payment will be made for use of these photos. If you do not want you or your child photographed or videotaped while participating in this activity for use in MMTTA's publication or promotions, Please contact the MMTTA's management.

Signature: ______Signature: ______SACADEMY Parent/Guardian, if participant is under 18: ______ Date: